COMMUNITIES OF PRACTITIONERS: DIABETES EDUCATORS LEARNING THROUGH PARTICIPATION, IDENTITY AND PRACTICE



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Introduction

Learning within communities of practice (CoP) emphasize strongly in the relational aspects and the CoP design is to bring out the community's own internal direction, character and energy. The Association of Diabetes Educators in Singapore (ADES) was formed by communities of diabetes nurses with similar interest aims to develop mission to improve the life of people with diabetes in the community.

This paper aims to describe the development of CoP of diabetes educators through developing processes of participation, identityconstruction and practice in the communities of practice through situated learning.

Methodology

We reviewed and interpreted participation of ADES based on the CoP design in community of practice (Handley et al,2006) that requires individual educator to identity the role as an educator, knowing of mutual recognition of practices and collaborations in the community. Using the three key components in CoP compromised of domains in determine common ground for sharing, creating social structure and the practice involves specific knowledge that is shared, and lastly developed and maintained by the community (*Figure 1*).



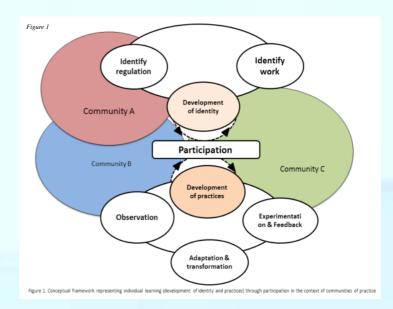
Results

The committee of ADES form as a management team to oversee to the overall development and practice of diabetes educators volunteering in the community.

An average of 6 education events and 4 community outreaches were conducted annually. A total of four (4) educational training materials were developed include 2 table top flipcharts with A4 size on SMBG and Injection technique; a CD rom and booklet on management of hypoglycaemia and medication management; introduced training program facilitated by International Diabetes Federation on Diabetes Conversation Map® and Multidisciplinary Health Professional Education Program. Established on-going affiliation and networking with various international and local diabetes association/societies and community partners over 19 years as communities of practitioners in diabetes education.

Conclusion

We suggest that further research is needed to identify meaningful educational activities created by diabetes CoP that benefited an individual or groups as the context of learning from individual practitioner and group(s) is inestimable.



References

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